

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		7.17.00
O.I.P.E. CLASSIFIER		15	7.21.00
FORMALITY REVIEW	HL	526	8.25.00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	8/15/00
Original	
1	8/15/00
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9	O
10	O+
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12	V
13	V
14	V
15	V
16	V
17	V
18	V+
19	O
20	O+
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22	V
23	V
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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